Réseau de Cancérologie d'Aquitaine

ROHLim
Réseau d'Oncologie - Hématologie du Limousin

Réseau Onco Poitou Charentes

UCOG Limousin

Unité de Coordination en Onco-Gériatrie Poitou-Charentes

1ère rencontre d'oncogériatrie en Nouvelle-Aquitaine

Vendredi 16 mars 2018 de 9h30 à 16h
ANGOULEME

B|BRAUN SHARING EXPERTISE

NOVARTIS

SANOFI

Bristol-Myers Squibb

Roche

1ère Rencontre d'Oncogériatrie Nouvelle Aquitaine

PRISE EN CHARGE PERI-OPERATOIRE EN ONCOGERIATRIE : LE POINT DE VUE DU CHIRURGIEN

Dr Grégoire Desolneux
(Institut Bergonié Bordeaux)

Angoulême, le 16 mars 2018

Que veut le chirurgien?

- **Le meilleur pour le patient!** (et ne pas revenir la nuit pour une complication…)
  - **Ne pas sur- ni sous-traiter**
  - **Minimiser le traumatisme chirurgical**
  - **Réduire la morbidité**
  - **Accélérer la récupération**
  - **Eviter la perte d'autonomie**

Box 2 | **The unique questions of geriatric oncology**

- What is the lethality of the malignancy in the context of competing co-morbidities?
- Is the patient going to live long enough to experience the complications of cancer?
- Can the patient tolerate cancer treatment?
- Will the cancer or cancer treatment alter physical and/or cognitive function in such a way as to limit autonomy and require institutionalization?

BASIC PRINCIPLES IN GERIATRIC SURGERY*

LOUIS CARP, M.D.
NEW YORK, N. Y.

FROM THE SECOND SURGICAL DIVISION, GOLDWATER MEMORIAL HOSPITAL, NEW YORK, N. Y.

"Cast me not off in the time of old age;
When my strength faileth, forsake me not."

Psalm 71:9

Annals of Surgery 1946

Original article

doi:10.1111/codi.13067

Sarcopenia, as defined by low muscle mass, strength and physical performance, predicts complications after surgery for colorectal cancer

D.-D. Huang*, S.-L. Wang*, C.-L. Zhuang*, B.-S. Zheng*, J.-X. Lu*, F.-F. Chen*, C.-J. Zhou*, X. Shen* and Z. Yu*†

*Department of Gastrointestinal Surgery, The First Affiliated Hospital, Wenzhou Medical University, Wenzhou, China and †Department of Gastrointestinal Surgery, Shanghai Tenth People's Hospital Affiliated to Tongji University, Shanghai, China

Received 31 March 2015; accepted 3 July 2015; Accepted Article online 20 July 2015

OPEN

Sarcopenia is an Independent Predictor of Severe Postoperative Complications and Long-Term Survival After Radical Gastrectomy for Gastric Cancer

Analysis from a Large-Scale Cohort

Cheng-Le Zhuang, MD, Dong-Dong Huang, MD, Wen-Yang Pang, MD, Chong-Jun Zhou, MD, Su-Lin Wang, MD, Neng Lou, MD, Liang-Liang Ma, MD, Zhen Yu, MD, PhD, and Xian Shen, MD, PhD

REVIEW

Role of frailty and sarcopenia in predicting outcomes among patients undergoing gastrointestinal surgery

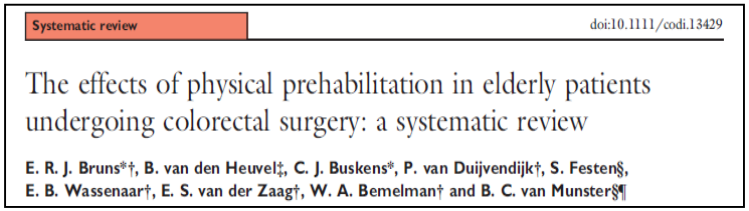
Doris Wagner, Mara McAdams DeMarco, Neda Amini, Stefan Buttner, Dorry Segev, Faiz Gani, Timothy M Pawlik

Ce que j'attends de l'EGS: en préopératoire

- **Définir l'objectif et la meilleure stratégie:**
  - **Survie à 5 ans? À 10 ans? Résolution d'un symptôme?...**
- **Evaluation des facteurs de risque de décompensation gériatrique (nutritionnels, cognitifs, sociaux,…)**
- **Préparer l'hospitalisation et la sortie**

La préhabilitation

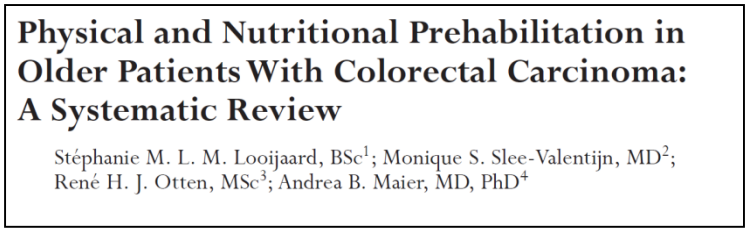
- **Définition?**
- **Programmes multimodaux: 3 axes**
  - **Nutrition**
  - **Exercice physique**
  - **Soutien psychologique**
- **Pubmed: 257 articles**
- **Clinical Trials: 94 études**


Systematic review

doi:10.1111/codi.13429

The effects of physical prehabilitation in elderly patients undergoing colorectal surgery: a systematic review

E. R. J. Bruns*†, B. van den Heuvel‡, C. J. Buskens*, P. van Duijvendijk†, S. Festen§, E. B. Wassenaar†, E. S. van der Zaag†, W. A. Bemelman† and B. C. van Munster§¶


Physical and Nutritional Prehabilitation in Older Patients With Colorectal Carcinoma: A Systematic Review

Stéphanie M. L. M. Looijaard, BSc[1]; Monique S. Slee-Valentijn, MD[2]; René H. J. Otten, MSc[3]; Andrea B. Maier, MD, PhD[4]


Open Access Protocol

BMJ Open

Effect of prehabilitation in gastro-oesophageal adenocarcinoma: study protocol of a multicentric, randomised, control trial—the PREHAB study

Bertrand Le Roy,[1] Bruno Pereira,[2] Corinne Bouteloup,[3,4,5] Frédéric Costes,[5,6] Ruddy Richard,[5,6] Marie Selvy,[1] Caroline Pétorin,[1] Johan Gagnière,[1] Emmanuel Futier,[7] Karem Slim,[1] Bernard Meunier,[8] Jean-Yves Mabrut,[9] Christophe Mariette,[10] Denis Pezet[1]

La Réhabilitation accélérée

- « Fast Track », ERAS, RAAC
- Proposée par Kehlet, chirurgien danois, en 1990, en chirurgie colorectale
- *http://www.grace-asso.fr*

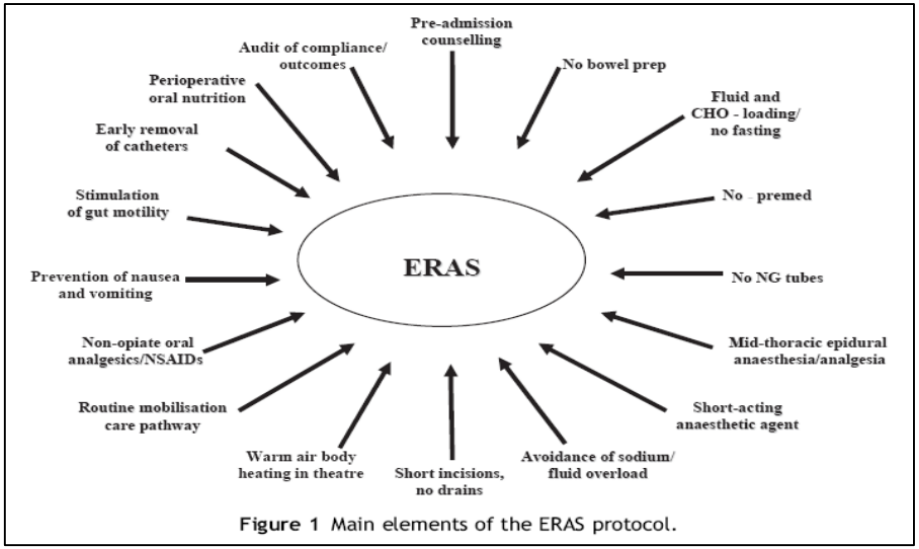


Figure 1 Main elements of the ERAS protocol.

ORIGINAL SCIENTIFIC REPORT

Enhanced Recovery Program in High-Risk Patients Undergoing Colorectal Surgery: Results from the PeriOperative Italian Society Registry

Marco Braga[1] · Nicolò Pecorelli[1] · Marco Scatizzi[2] · Felice Borghi[3] · Giancarlo Missana[4] · Danilo Radrizzani[5] · On behalf of the PeriOperative Italian Society

Enhanced Recovery After Colorectal Surgery (ERAS) in Elderly Patients Is Feasible and Achieves Similar Results as in Younger Patients

Gerontology & Geriatric Medicine
Volume 3: 1–8

DOI: 10.1177/2333721417706299
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SAGE

Håvard Mjørud Forsmo, MD[1,2], Christian Erichsen, MD, PhD[1], Anne Rasdal, RN[1], Hartwig Körner, MD, PhD[2,3], and Frank Pfeffer, MD, PhD[1,2]